

Division of Corporations

M190000011713

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6333

Please honor original date 02/08/2021

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA00000023
Phone : (614) 230-3338
Fax Number : (954) 208-0645

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED

2021 FEB 15 AM 10:01

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SM FISH TALE TRS, LLC

FLORIDA DEPARTMENT OF STATE
CORPORATION DIVISION
TALLAHASSEE, FL

2021 FEB -8 PM 4:45

FILED

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

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Corporate Filing Menu

Help

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YS
2/16/21

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: SM Fish Tale TRS, LLC

Enter new principal office address, if applicable: 2 North Riverside Plaza

(Principal office address MUST BE A STREET ADDRESS)

Suite 800
Chicago, Illinois 60606

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

2 North Riverside Plaza
Suite 800
Chicago, Illinois 60606

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SECRETARY OF STATE
TALLAHASSEE FL

2. The Florida document number of this limited liability company is: MI19000011713

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/10/2019

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: MHC Fish Tale TRS, L.L.C.
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: C T Corporation System

New Registered Office Address: 1200 South Pine Island Road

Enter Florida Street Address

Plantation, Florida 33324
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



Kimberly Laughrey, Asst. Sect.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Removal/addition of persons with authority to manage.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	Southern Marinas Fish Tale, LLC	610 Broadway, 6th Floor	<input type="checkbox"/> Add
		New York, NY 10012	<input checked="" type="checkbox"/> Remove
General Counsel, Corporate Secretary and EVP	David Eldersveld	2 North Riverside Plaza, Suite 800	<input checked="" type="checkbox"/> Add
		Chicago, Illinois 60606	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 STATE OF ILLINOIS
 JEFFERSON COUNTY CLERK
 JEFFERSON COUNTY

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Sara Handibode
 Signature of the authorized representative

Sara Handibode, Authorized Representative
 Typed or printed name of signer

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "SM FISH TALE TRS, LLC", CHANGING ITS NAME FROM "SM FISH TALE TRS, LLC" TO "MHC FISH TALE TRS, L.L.C.", FILED IN THIS OFFICE ON THE FIFTH DAY OF FEBRUARY, A.D. 2021, AT 7:28 O`CLOCK P.M.

2021 FEB - 8 PM 4:47
SECRETARY OF STATE
JAMES M. SEEBL

FILED



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

7732408 8100
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State of Delaware
Secretary of State
Division of Corporations
Delivered 07:28 PM 02/05/2021
FILED 07:28 PM 02/05/2021
SR 20210358057 - File Number 7732408

CERTIFICATE OF AMENDMENT

TO

CERTIFICATE OF FORMATION

OF

SM FISH TALE TRS, LLC

It is hereby certified pursuant to Section 18-202 of the Delaware Limited Liability Company Act that:

FIRST

The name of the limited liability company is SM Fish Tale TRS, LLC (the "Company").

SECOND

Article First of the Certificate of Formation of the Company is hereby deleted in its entirety and amended to read in full as follows:

"1. **NAME**: The name of the limited liability company is MHC Fish Tale TRS, LLC."

THIRD

Article Second of the Certificate of Formation of the Company is hereby deleted in its entirety and amended to read in full as follows:

"2. **REGISTERED OFFICE AND AGENT**: The address of the registered office of the Company in the State of Delaware is located at 1209 Orange Street, Wilmington, Delaware 19801 and the name of the registered agent for the Company at such address is The Corporation Trust Company."

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment as of this 5th day of February, 2021.

/s/ Sara Handibode
Sara Handibode, an Authorized Person

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21 FEB 8 PM 4:07
SECRETARY OF STATE
DIVISION OF CORPORATIONS